

**SALARY GARNISHMENT**

STD. 639 (REV. 5/2009)

Reference Payroll Procedures  
Manual Section H 300

ATTACHMENT H-2 EXAMPLE 5

**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT.  
IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.**

DOCUMENT NUMBER

1. AGENCY NAME <b>COMPLETE</b>		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) XXX XXX XXXX XXX			
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX	3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX				
5. EFFECTIVE DATE 11/02/01	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE				
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY					
8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ (Deduction Amount per Pay Period) B. (399/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) \$ C. (399/003) CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) (1) NUMBER OF DEPENDENTS (Must be at least one for employee) (2) STANDARD DEDUCTIONS 1 - SINGLE 3 - MARRIED FILING SEPARATELY 2 - MARRIED FILING JOINTLY 4 - HEAD OF HOUSEHOLD 5 - SURVIVING SPOUSE \$ D. (399/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) \$ E. (399/007) EARNINGS WITHHOLDING ORDER (CCP 706.125): \$ F. (399/008) <input checked="" type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.) \$ 5000.00 10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. \$ 11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.) A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ D. <input checked="" type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ 241.97 12. WARRANT TO BE MADE PAYABLE TO Must be completed Levying Officer File Number / Case Number Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. <b>COMPLETE</b> INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) <b>COMPLETE</b> <b>COMPLETE</b> <b>COMPLETE</b> <b>COMPLETE</b> 13. REMARKS 14. FORM COMPLETED BY <b>COMPLETE</b> TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b> 15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE <input checked="" type="checkbox"/> <b>COMPLETE</b> DATE TYPED NAME <b>COMPLETE</b>					